

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1958

1492

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 380

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		Length of stay in lb <b>55 YEARS</b>		d. STREET ADDRESS <b>430 W. 11</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Andrew</b> Middle <b>BERNHARD</b> Last <b>Wennerberg</b>				4. DATE OF DEATH Month <b>1</b> Day <b>18</b> Year <b>1958</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 20-1884</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b>18</b> Min.		
10. USUAL OCCUPATION (Give kind of work done OR kind of working time, if retired) <b>SHEET METAL WORKER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>COLUMBIAN STEEL TANK</b>		11. BIRTHPLACE (City and state or country) <b>SWEDEN</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>ANDREW M. WENNERBERG</b>			13b. MOTHER'S MAIDEN NAME <b>MARIE H. UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. ROSA WENNERBERG</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>512-07-2997</b>		17. INFORMANT Address <b>MARVIN WENNERBERG 7509 MCGEE STREET KANSAS CITY MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY	STATE
21. I attended the deceased from <b>Jan. 13, 1958</b> to <b>Jan. 18, 1958</b> and last saw <sup>him</sup> alive on <b>Jan. 18, 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>John Brown, M.D.</b>				22b. ADDRESS <b>24th &amp; Cherry</b>		22c. DATE SIGNED <b>1-20-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JAN. 24, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>		23d. LOCATION (City, town, or country) (State) <b>KANSAS CITY MISSOURI</b>			
24. FUNERAL DIRECTOR ADDRESS <b>DW NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY MO.</b>				25. DATE RECD. BY LOCAL REG. <b>1-24-58</b>		26. REGISTRAR'S SIGNATURE <b>Neve Minshel</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B. I. B. U. I. T. S.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Basil V. Honey* .....

Licensed Embalmer No. *4724* .....

P. O. Address *K.C. Mo* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.